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June 19, 2007

BY ELECTRONIC FILING

Ms. Marlene Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

Re: Ex Parte Presentation - WC Docket No. 02-60

Dear Ms. Dortch:

On June 19, 2007, Theron Jensen, General Manager of Mobius Communications Company Inc.; Dr. Todd Sorensen, CEO, Regional West Medical Center; Harold Kruegar, CEO, Chadron Community Hospital; and the undersigned met with Jeremy Marcus, Thomas Buckley, Cindy Spiers, Mellissa Droller Kinkel, Elizabeth Valinoti, Greg Guice and Jennifer Prime of the Wireline Competition Bureau ("WCB") to present the application of the Rural Nebraska Healthcare Network. The attached were given to the FCC participants by me. Also, during the meeting I made the following corrections to the application:

- Replace 10 years for 20 years in the first bullet point on the second page of Exhibit D.
- Add "4 fibers and" after the word "receives" on the third and fourth pages of Exhibit D.

Please direct any correspondence concerning this matter to the undersigned counsel.

Sincerely,

DAVIS WRIGHT TREMAINE LLP

Randall B. Lowe

Counsel for Mobius Communications Company

Rural Nebraska Healthcare Network ("RNHN")

What is the RNHN?

The RNHN is a non-profit consortium of nine non-profit and/or public hospitals (including twenty supporting clinics owned and operated by the hospitals) in the Panhandle of Nebraska that have worked together strategically since 1996 to develop sustainable local and preventative health services. The RNHN enables its participants to plan and implement improvements to their systems of care, to develop and provide training opportunities, to plan for trauma and emergency preparedness, and to address policy issues impacting health care. In short, RNHN is a group of rural healthcare providers experienced in telemedicine and telehealth.

The Need for the Rural Nebraska Healthcare Network

For the hospitals and clinics of the RNHN, a dedicated broadband network is one of the best tools available to overcome the challenges of geographic isolation and the specialized medical care limitations of these rural providers (*e.g.*, many of the hospitals do not have radiologists, OB-GYNs, orthopedists and other specialists on staff). Even simple but critical tasks, such as reading an x-ray, will become available if RNHN's application is granted. A broadband network minimizes such access-to-care issues by making geography irrelevant through the provision of telehealth, telemedicine and electronic record exchange. With a dedicated broadband network, doctors in the Panhandle will be able to send and receive medical records and communicate with patients even when they are hundreds of miles away. (A broadband network will also have the ancillary benefit of economic development in the Panhandle.) As such, a broadband network promises to not only improve opportunities for medical care for rural Nebraskans, but to improve their quality of life as a whole.

The Rural Nebraska Healthcare Network

As proposed by RNHN, the RNHN network is a sustainable network that will be constructed and maintained by Mobius Communications, an experienced provider of fiber optic networks. It will be comprised of 24 fiber pair and related optronics, repeaters and routers, that will be completely measurable by the FCC to make better use of USF for healthcare. It will provide capacity of 1 Gb Ethernet between the rural hospitals and 100 Mb to other health and human service providers. In the first self-sustaining phase of the plan, fiber will be buried to connect the nine member hospitals and their supporting clinics. In subsequent phases, the proposed buildout will connect fiber across four states to National LambdaRail, the Medical Center of the Rockies in Loveland, CO, the Rapid City Regional Hospital in Rapid City, S.D., and the Native American healthcare facility in Pine Ridge, S.D. Thus, the RNHN will not only be able to connect its member hospitals and clinics but it will also gain access to necessary medical specialties that are not provided by the RNHN members.

RURAL NEBRASKA HEALTH NETWORK (RNHN)

FACILITY DESIGN AND INSTALLATION

Description	Total Cost	Fiber Cost	Transport Electronics	Engineering	Mobius Contribution	Mobius Value Received	Difference
PHASE 1 - RURAL NEBRASKA HEALTH NETWORK							
Connect 9 hospitals and 20 clinics	\$ 14,184,060	\$ 10,148,583	\$ 2,185,383	\$ 1,850,095	\$ 2,127,609	\$ 2,296,752	\$ 169,143
Project management	\$ 425,522			\$ 425,522	\$ 63,828	63,828.30	-
Spare Equipment	\$ 500,000		\$ 500,000		\$ 75,000	75,000.00	-
TOTAL PHASE 1	\$ 15,109,582	\$ 10,148,583	\$ 2,685,383	\$ 2,275,617	\$ 2,266,437	\$ 2,435,580	\$ 169,143
PHASE 2 - DENVER							
Connect Kimball, NE to Cheyenne, WY	\$ 2,825,130	\$ 2,060,696	\$ 395,939	\$ 368,495	\$ 423,770	\$ 458,114	\$ 34,345
Connect Denver, Co to Cheyenne, WY (Dark Fiber Purchase)	\$ 450,000	\$ 450,000			\$ 67,500	\$ 67,500	\$ -
Connect Denver, Co to Cheyenne, WY (Transmission on Dark Fiber)	\$ 100,000		\$ 100,000		\$ 15,000	\$ 15,000	\$ -
Connect the Loveland, CO Hospital to the Dark Fiber	\$ 1,320,000	\$ 1,320,000			\$ 198,000	\$ -	\$ (198,000)
Project Management	\$ 93,903		\$ 93,903		\$ 14,085	\$ 14,085	\$ -
TOTAL PHASE 2	\$ 4,789,033	\$ 3,830,696	\$ 589,842	\$ 368,495	\$ 718,355	\$ 554,700	\$ (163,655)
PHASE 3 - RAPID CITY							
Connect Chadron, NE to Rapid City, SD	\$ 2,296,760	\$ 1,914,478	\$ 82,704	\$ 299,577	\$ 344,514	\$ 376,422	\$ 31,908
Project Management	\$ 45,935		\$ 45,935		\$ 6,890	\$ 6,890	\$ -
TOTAL PHASE 3	\$ 2,342,695	\$ 1,914,478	\$ 128,640	\$ 299,577	\$ 351,404	\$ 383,312	\$ 31,908
PHASE 4 - PINE RIDGE							
Connect Pine Ridge, SD	\$ 405,800	\$ 304,948	\$ 47,922	\$ 52,930	\$ 60,870	\$ 65,952	\$ 5,082
Project Management	\$ 8,116		\$ 8,116		\$ 1,217	\$ 1,217	\$ -
TOTAL PHASE 4	\$ 413,916	\$ 304,948	\$ 56,038	\$ 52,930	\$ 62,087	\$ 67,170	\$ 5,082
TOTAL PROJECT	\$ 22,655,226	\$ 16,198,704	\$ 3,459,902	\$ 2,996,620	\$ 3,398,285	\$ 3,440,763	\$ 42,478

Mobius Contributions are calculated using 15% of all costs.

Mobius Value Received is calculated using the Mobius pro-rata share of the fiber (ie. 4 out of 24) and 15% of the Transport and Engineering Costs.

It should be noted that in addition to the Contributions shown above, Mobius also pays all the maintenance and operating costs for all 4 phases for 20 years except the Hospital and Clinic internal power costs – the 10 year Net Present Value of the maintenance and operating costs covered by Mobius assuming a 3% growth in operating costs per year (maintenance costs were not grown by 3% but were held constant) and a 9% cost of money is \$1,143,279 and \$4,879,771 respectively.